| FEE TRANSMITTAL For FY 2009  Applicant claims small entity status. See 37 CFR 1.27  Applicant Claims small entity status. See 37 CFR 1.27  Examiner Name Daniel P. Stodola Art Unit 3679  TOTAL AMOUNT OF PAYMENT (\$) 310.00  Attorney Docket 0388 - 061722  METHOD OF PAYMENT (check all that apply)  Check Credit Card Money Order None Other (please identify):  Deposit Account Deposit Account Number: 23-0650 Deposit Account Name:  For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)  Charge fee(s) indicated below Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17  WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.   | Effective on 12/08/2004.<br>Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).  |       |                     |             |                  | Complete if Known         |              |            |                                |                 |  |  |
|--|--|-------|---------------------|-------------|------------------|---------------------------|--------------|------------|--------------------------------|-----------------|--|--|
| FILING PAYMENT (Sheek all that apply)    Check   Credit Card   Money Order   None   Other (please identify):   | •  |       |                     |             |                  | Application Number        |              | 10/582,809 |                                |                 |  |  |
| Applicant claims small entity status. See 37 CFR 1.27    Examiner Name   Daniel P. Stodola   Art Unit   3679   |  |       |                     |             |                  |                           |              |            |                                |                 |  |  |
| Art Unit 3679  TOTAL AMOUNT OF PAYMENT (\$) 310.00 Attorney Docket 0388 - 061722  METHOD OF PAYMENT (check all that apply)  Check  | For FY 2009  |       |                     |             |                  | First Named Inventor      |              | ) Mori     |                                |                 |  |  |
| Art Unit   3679  | Applicant claims small entity status. See 37 CFR 1.27  |       |                     |             |                  | Examiner Name             |              | Stodola    | <u> </u>                       |                 |  |  |
| Cheek   Credit Card   Money Order   None   Other (please identify):  |  |       |                     |             |                  |                           |              |            |                                |                 |  |  |
| Check  Credit Card  Money Order  Other (please identify):    Peposit Account   Deposit Account Number:   23-0650   Deposit Account Name:   | TOTAL AMOUNT OF PAYMENT (\$) 310.00  |       |                     |             |                  | Attorney Docket 0388 - 06 |              |            |                                |                 |  |  |
| Deposit Account   Deposit Account Number:   23-0650   Deposit Account Name:   For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)   Charge fee(s) indicated below   Charge fee(s) indicated below, except for the filing fee   Variable fee(s) or underpayments of fee(s)   Variable fee(s) indicated below, except for the filing fee   Variable fee(s) or underpayments of fee(s)   Variable fee(s) indicated below, except for the filing fee   Variable fee(s) fee(s) indicated below, except for the filing fee   Variable fee(s) fee(s)   Variable fee(s) indicated below, except for the filing fee   Variable fee(s) fee(s)   Variable fee(s) indicated below, except for the filing fee   Variable fee(s)   Variab   | METHOD OF PAYMENT (check all that apply)   |       |                     |             |                  |                           |              |            |                                |                 |  |  |
| For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)    Charge fee(s) indicated below   Charge fee(s) indicated below, except for the filing fee   | [7]  |       |                     |             |                  |                           |              |            |                                |                 |  |  |
| Charge fee(s) indicated below   Charge fee(s) indicated below, except for the filing fee   Charge any additional fee(s) or underpayments of fee(s)   Credit any overpayments   |  |       |                     |             |                  |                           |              |            |                                |                 |  |  |
| Clear   Second   Fee   Second   Fe   |  |       |                     |             |                  |                           |              |            |                                |                 |  |  |
| MARNING: Information and authorization on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on pTPO-02038.    FEE CALCULATION   All the fees below are due upon filing or may be subject to a surcharge.   | hand Total Institute the second of the secon |       |                     |             |                  |                           |              |            |                                |                 |  |  |
| Total Claims   |  |       |                     |             |                  |                           |              |            |                                |                 |  |  |
| Note   | WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.   |       |                     |             |                  |                           |              |            |                                |                 |  |  |
| FILING FEES   SEARCH FEES   SEAMINATION FEES   Small Entity   Sm   | FEE CALCULATION (All the fees below are due upon filing or may be subject to a surcharge.)   |       |                     |             |                  |                           |              |            |                                |                 |  |  |
| Small Entity   Small Entity   Fee (\$)   Fee |  |       |                     |             |                  |                           |              |            |                                |                 |  |  |
| Application Type         Fee (\$)   |  |       |                     |             |                  |                           |              |            |                                |                 |  |  |
| Design         220         110         100         50         140         70           Plant         220         110         330         165         170         85           Reissue         330         165         540         270         650         325           Provisional         220         110         0         0         0           2. EXCESS CLAIM FEES         Small Entity           Fee Description         Fee (S)         Fee (S)         Fee (S)           Each claim over 20 (including Reissues)         52         26           Each independent claim over 3 (including Reissues)         220         110           Multiple dependent claims         390         195           Total Claims         -20 or HP         Extra Claims         Fee (S)         Fee Paid (S)           HP = highest number of total claims paid for, if greater than 20.         Fee Paid (S)         Fee Paid (S)  | Application Type   |       |                     |             |                  |                           |              |            | Fees P                         | <u>aid (\$)</u> |  |  |
| Plant         220         110         330         165         170         85           Reissue         330         165         540         270         650         325           Provisional         220         110         0         0         0           2. EXCESS CLAIM FEES         Small Entity           Fee Description         Fee (\$)         Fee (\$)           Each claim over 20 (including Reissues)         52         26           Each independent claim over 3 (including Reissues)         220         110           Multiple dependent claims         390         195           Total Claims         - 20 or HP         Extra Claims         Fee (\$)         Fee Paid (\$)           HP = highest number of total claims paid for, if greater than 20.         Fee Paid (\$)         Fee Paid (\$)  | Utility  | 330   | 82                  | 540         | 270              | 220                       | 110          |            | ****************************** |                 |  |  |
| Reissue       330       165       540       270       650       325         Provisional       220       110       0       0       0         2. EXCESS CLAIM FEES       Small Entity         Fee (\$)       Multiple Dependent Claims         How in the problem of total claims paid for, if greater than 20.       Indep. Claims       - 3 or HP       Extra Claims       Fee (\$)       Fee Paid (\$)   | Design   | 220   | 110                 | 100         | 50               | 140                       | 70           |            |                                |                 |  |  |
| Provisional         220         110         0         0         0           2. EXCESS CLAIM FEES         Small Entity           Fee Description         Fee (\$)         Fee (\$)           Each claim over 20 (including Reissues)         52         26           Each independent claim over 3 (including Reissues)         220         110           Multiple dependent claims         390         195           Total Claims         -20 or HP         Extra Claims         Fee (\$)         Fee Paid (\$)           HP = highest number of total claims paid for, if greater than 20.         Fee Paid (\$)         Fee Paid (\$)  | Plant  | 220   | 110                 | 330         | 165              | 170                       | 85           |            |                                |                 |  |  |
| 2. EXCESS CLAIM FEES  Fee Description  Each claim over 20 (including Reissues)  Each independent claim over 3 (including Reissues)  Each independent claims  Multiple dependent claims  Total Claims  - 20 or HP   | Reissue  | 330   | 165                 | 540         | 270              | 650                       | 325          |            |                                |                 |  |  |
| Fee Description       Each claim over 20 (including Reissues)     52     26       Each independent claim over 3 (including Reissues)     220     110       Multiple dependent claims     390     195       Total Claims     -20 or HP     Extra Claims     Fee (\$)     Fee Paid (\$)     Multiple Dependent Claims       Image: Claims     -3 or HP     Extra Claims     Fee (\$)     Fee Paid (\$)   | Provisional  | 220   | 110                 | 0           | 0                | 0                         | 0            |            |                                |                 |  |  |
| Each claim over 20 (including Reissues)  Each independent claim over 3 (including Reissues)  Multiple dependent claims  Total Claims  - 20 or HP  Extra Claims  Fee (\$)  HP = highest number of total claims paid for, if greater than 20.  Indep. Claims  - 3 or HP  Extra Claims  Fee (\$)  Fee Paid (\$)  Fee Paid (\$)  Fee Paid (\$)   | 2. EXCESS CLAIM FEES Small Entity  |       |                     |             |                  |                           |              |            |                                |                 |  |  |
| Each independent claim over 3 (including Reissues)  Multiple dependent claims  Total Claims - 20 or HP Extra Claims Fee (\$) Fee Paid (\$)  HP = highest number of total claims paid for, if greater than 20.  Indep. Claims - 3 or HP Extra Claims Fee (\$) Fee Paid (\$)   | · · · · · · · · · · · · · · · · · · ·  |       |                     |             |                  |                           |              |            |                                |                 |  |  |
| Multiple dependent claims  Total Claims - 20 or HP Extra Claims Fee (\$) Fee Paid (\$)  - = x = x = Fee (\$) Fee Paid (\$)  HP = highest number of total claims paid for, if greater than 20.  Indep. Claims - 3 or HP Extra Claims Fee (\$) Fee Paid (\$)   |  |       |                     |             |                  |                           |              |            |                                | 1               |  |  |
| Total Claims -20 or HP Extra Claims Fee (\$) Fee Paid (\$)  - = x = Fee (\$) Fee Paid (\$)  HP = highest number of total claims paid for, if greater than 20.  Indep. Claims -3 or HP Extra Claims Fee (\$) Fee Paid (\$)  | •  |       |                     |             |                  |                           |              |            |                                | 1               |  |  |
| - = x = Fee (\$) Fee Paid (\$)  HP = highest number of total claims paid for, if greater than 20.  Indep. Claims - 3 or HP Extra Claims Fee (\$) Fee Paid (\$)   |  |       |                     | <b>\$</b> ) | Fee Paid (\$)    |                           |              |            | 1                              |                 |  |  |
| Indep. Claims -3 or HP Extra Claims Fee (\$) Fee Paid (\$)   | -  | :     | = <u>x</u>          |             |                  | =                         |              |            |                                |                 |  |  |
|  | HP = highest number of total claims paid for, if greater than 20.  |       |                     |             |                  |                           |              |            |                                |                 |  |  |
| <b>A</b>   | Indep. Claims - 3  | or HP | Extra Clain         |             | <u>(\$)</u><br>= | Fee Paid (\$)             |              |            |                                |                 |  |  |
| HP = highest number of independent claims paid for, if greater than 3.   | _  | •     | ims paid for, if gr |             |                  |                           |              |            |                                |                 |  |  |
| 3. APPLICATION SIZE FEE  If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under  |  |       |                     |             |                  |                           |              |            |                                |                 |  |  |
| 37 CFR 1.52(e)), the application size fee due is \$270 (\$135 for small entity) for each additional 50 sheets or fraction thereof.   |  |       |                     |             |                  |                           |              |            |                                |                 |  |  |
| See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).  Total Shorts  Every Shorts  Number of each additional 50 on fraction thereof. Fee (5)   |  |       |                     |             |                  |                           |              |            |                                |                 |  |  |
| Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$)  - 100 = /50 = (round up to a whole number) x =  |  |       |                     |             |                  |                           |              |            |                                |                 |  |  |
| 4. OTHER FEE(S)  Fees Paid (\$)  |  |       |                     |             |                  |                           |              |            |                                |                 |  |  |
| Non-English Specification, \$130 fee (no small entity discount)  |  |       |                     |             |                  |                           |              |            |                                |                 |  |  |
| Other (e.g., late filing surcharge): Petition for 1-month Extension, Information Disclosure Statement \$130+180  |  |       | •                   | •           |                  | formation Discl           | osure Statem | ent        |                                | \$130+180       |  |  |
| SUBMITTED BY   | SUBMITTED BY   |       |                     |             |                  |                           |              |            |                                |                 |  |  |
| Signature Registration No. Telephone 410 471 0015  |  |       |                     |             |                  |                           |              |            |                                |                 |  |  |
| Signature (Attorney/Agent) 56,236 Telephone 412-471-8815  Name (Print/Type) Ryan Miller Date December 4, 2008  |  |       |                     |             |                  |                           |              |            |                                |                 |  |  |